

For Official Use Only

MAY 20 5

B  
OLMS DRQA

E

1. File Number U - <i>25565</i>	2. Fiscal Year Covered From  1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.  Name Harry J Foy  P.O. Box, Bldg , Room No., if any  Street 1701 Spring Garden Street  City Philadelphia  State Pennsylvania ZIP Code +4 19130	4. Name, file number, and address of labor organization.  Name IBEW Local Union 98  Labor Organization File Number 001-938  P.O. Box, Building and Room Number, if any  Street 1719 Spring Garden Street  City Philadelphia  State Pennsylvania ZIP Code +4 19130
5. Position in labor organization. President	

<p><b>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</b></p>	
<p><b>6. Name and address of Employer (including trade name, if any).</b></p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>	<p><b>7.a. Nature of Interest, Transaction, or Income.</b></p>
	<p><b>7.b. Amount.</b></p>

Signed Ray B.

Page 1 of 4

Name of Person Filing Harry Foy	File Number U-
---------------------------------	----------------

**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name The Prudential Insurance Company of America</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8403 Colesville Road, Suite 200B</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 20910</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employee</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name IBEW Local Union 98 Profit Sharing Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1719 Spring Garden Street</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 19130</p>	<p>11.a. Nature of such dealing.</p> <p>The Prudential Insurance Company of America is the Service Provider to the IBEW Local Union 98 Profit Sharing Plan</p> <p>11.b. Approximate dollar value of such dealing. \$270,000,000</p> <p>12.a. Nature of interest held or income received.</p> <p>The Prudential Insurance Company of America provided transportation, accommodations and meals for Plan Trustee Harry J. Foy to attend its Client Advisory Board Meetings in October of 2005.</p> <p>12.b. Amount. \$1,262</p>

Name of Person Filing <b>Harry Foy</b>	File Number <b>U-</b>
--	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>The Prudential Insurance Company of America</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>8403 Colesville Road, Suite 200B</b></p> <p>City <b>Silver Spring</b></p> <p>State <b>Maryland</b> ZIP Code + 4 <b>20910</b></p>	<p>9. Business deals with:</p> <p style="padding-left: 40px;">a. Labor Organization</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="padding-left: 40px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>IBEW Local Union 98 Profit Sharing Plan</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>1719 Spring Garden Street</b></p> <p>City <b>Philadelphia</b></p> <p>State <b>Pennsylvania</b> ZIP Code + 4 <b>19130</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>The Prudential Insurance Company of America is the Service Provider to the IBEW Local Union 98 Profit Sharing Plan</b></p>
	<p>11.b. Approximate dollar value of such dealing. <span style="float: right;"><b>\$270,000,000</b></span></p>
	<p>12.a. Nature of interest held or income received.</p> <p><b>The Prudential Insurance Company of America provided transportation, accommodations and meals for Plan Trustee Harry J. Foy to attend its Client Advisory Board Meetings in May of 2005.</b></p>
	<p>12.b. Amount. <span style="float: right;"><b>\$1,222</b></span></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Harry Foy	File Number U-
---------------------------------	----------------

**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name The Prudential Insurance Company of America</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8403 Colesville Road, Suite 200B</p> <p>City Silver Spring</p> <p>State Maryland ZIP Code + 4 20910</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name IBEW Local Union 98 Profit Sharing Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1719 Spring Garden Street</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 19130</p>	<p>11.a. Nature of such dealing.</p> <p>The Prudential Insurance Company of America is the Service Provider to the IBEW Local Union 98 Profit Sharing Plan</p> <p>11.b. Approximate dollar value of such dealing. \$270,000,000</p> <p>12.a. Nature of interest held or income received.</p> <p>The Prudential Insurance Company of America paid for a lunch meeting in December of 2005 to discuss fund business.</p> <p>12.b. Amount. \$70</p>